

PURCHASE OF ENCLOSURE AND SITE FACILITY FORM

Please fill in the necessary information listed below to complete your request to purchase ENCLOSURE and SITE FACILITY equipment.

Telephone number of site(s) to be purchased:

<u>ITEM</u>	<u>PRICE</u>	<u>QUANTITY</u>
INDOOR ENCLOSURE	*	_____
OUTDOOR ENCLOSURE	*	_____
SITE FACILITY	\$150.00	_____

* See Sale of Enclosure Prices, Section 10 of the vendor package.

TOTAL PRICE

ATTENTION: Outdoor enclosures will not be sold without the associated site facility. Site facilities may be purchased without purchasing the enclosure.

CUSTOMER ACKNOWLEDGMENT:

COMPANY NAME: _____ DATE: _____

POSITION IN COMPANY: _____

SIGNATURE: _____

Please return your payment to appropriate Bell Atlantic Company

SURRENDER ACCEPTANCE AND RELEASE AGREEMENT

THIS AGREEMENT, made this _____ day of _____, 199_, by and between _____ (hereinafter the "Owner/Tenant"), of premises located at _____, and Bell Atlantic, having its principle office located at _____.

WHEREAS, Bell Atlantic has installed on the Owner's/Tenant's premises certain enclosure(s) and/or other public pay telephone-related site facilities (herein after the "Facility") for use in connection with public pay telephone(s) installed thereon by BELL ATLANTIC and,

WHEREAS, Owner/Tenant has requested Bell Atlantic to refrain from removing or dismantling said Facility at the time Bell Atlantic removes its public pay telephone(s) from the above premises of Owner/Tenant, and to surrender the Facility to the Owner/Tenant for the future use by the Owner/Tenant or the Owner/Tenant's designee,

NOW, THEREFORE, in consideration of the mutual covenants and premises set forth herein, the parties agree as follows:

1. As of the Effective Date, Bell Atlantic does surrender to the Owner/Tenant, its successors and assigns, said Facility in its AS IS condition on the Effective Date, and the Owner/Tenant hereby accepts said Surrender. The Effective Date shall be the date on which the _____ public pay telephone(s) is removed by BELL ATLANTIC from the Facility.

2. In exchange for BELL ATLANTIC's Surrender of said Facility to Owner/Tenant, Owner/Tenant agrees to pay to BELL ATLANTIC the sum of \$_____ on or before the Effective Date. In addition, Owner/Tenant hereby releases and forever discharges BELL ATLANTIC from all claims and liabilities Owner/Tenant may have in connection with the Facility and the public pay telephone(s) installed thereon, and as of Effective Date, Owner/Tenant assumes all responsibilities and liabilities with respect to said Facility, and agrees to indemnify and save forever harmless BA from any claims or liabilities for any injuries, damages, or losses (including reasonable attorneys' fees) that may arise out of or in connection with said Facility, including any use of said Facility on or after the Effective Date by Owner/Tenant, Owner's Tenant's designee or any other person.

3. BA MAKES NO REPRESENTATION OR WARRANTY WITH RESPECT TO THE SAFETY OR CONDITION OF THE FACILITY AS OF THE EFFECTIVE DATE. BA HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, WITH RESPECT TO SAID FACILITY, INCLUDING ANY AND ALL WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed by their duly authorized representatives as of the day and year first above written.

Owner/Tenant:

Bell Atlantic

By: _____

By: _____

Title: _____

Title: _____

NONPUBLIC UTILITY REGISTRATION FORM INSTRUCTIONS
(Pennsylvania Only)

The nonpublic utility registration (NPR) form must be completed by the vendor at the time of application for new service or for a revised telephone company listing or billing arrangement and provided to the Bell Atlantic Private Payphone Service Center (IPPSC). Failure to complete and return the form to the IPPSC will result in the denial of the requested service by the IPPSC.

NPR form requirements are mandated by the PA P.U.C. and detailed in Chapter 63 regulations.

Send the form to:

Bell Atlantic Independent Payphone Provider Service Center
P.O. Box 58580
Philadelphia, PA 19102

Telephone Number:
800-924-1590

Out of State:
215-466-8266

Fax Number:
215-563-7887

NONPUBLIC UTILITY REGISTRATION

BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION

DATE:

1. NONPUBLIC UTILITY COIN TELEPHONE:
 - A. TELEPHONE NO. OF PAYSTATION (_____) _____ - _____
 - B. LOCATION _____
2. TELEPHONE LISTING:
 - A. NAME _____
 - B. ADDRESS _____
3. RESPONSIBLE ENTITY:
(CONTACT FOR REFUND, REPAIR, UNSATISFACTORY SERVICE, ETC.)
 - A. NAME _____
 - B. ADDRESS _____
 - C. TELEPHONE NO. LISTED ON PAYSTATION(S)
FOR ABOVE SERVICES (_____) _____ - _____
4. LOCAL EXCHANGE CARRIER:
 - A. NAME _____
 - B. CONTACT TELEPHONE NO. (_____) _____ - _____
- 5.* CHARGE FOR USE OF THE COIN TELEPHONE: _____
6. TOLL RATES: (ATTACH A SCHEDULE OF ALL TOLL RATES)
7. APPLICATION FOR:
 - A. () NEW SERVICE EFFECTIVE DATE ____/____/____
 - B. () REVISED LISTING EFFECTIVE DATE ____/____/____
 - C. () REVISED RESPONSIBLE
ENTITY EFFECTIVE DATE ____/____/____
 - D. () REVISED CHARGES EFFECTIVE DATE ____/____/____
 - E. () DISCONNECT SERVICE EFFECTIVE DATE ____/____/____

(signature of authorized representative
of the non public utility)

3 COPIES TO BE FILED WITH:

SECRETARY
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265
HARRISBURG, PA 17120

* REQUIRED ONLY FOR NEW SERVICE OR REVISED RATES.
ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED.

**AUTHORIZED RESALE CARRIER AGREEMENT
NEW JERSEY ONLY**

FOR USE WITH COCOT TELEPHONE SERVICE

The COCOT customer/vendor hereby files an application with Bell Atlantic to become an Authorized Resale Carrier for the intrastate services and facilities through the interconnection of customer owned coin operated telephone sets and subject to the regulations contained herein and the Company Tariff filed with the Board of Regulatory Commissioners.

In order to be an Authorized COCOT service Resale Carrier, the undersigned acknowledges and agrees to abide by the following regulations:

- The Company is not responsible for the allocation of usage or charges for resold services and facilities.
- Applications for initial service will be accepted only from the customer of record, and must be submitted with a LOA.
- The undersigned reseller acknowledges that penalties for violations of the regulations of resale may result in the imposition of penalties as stated in NJ State Tariffs.
- The undersigned reseller acknowledges that in the event said reseller will no longer resell COCOT service, the undersigned reseller will notify the Company in writing of this matter.
- Requests for additions and deletions in the number of COCOT service lines installed will be accepted only from the customer of record and must be accompanied by a LOA.
- The undersigned reseller acknowledges that only proper call measurement procedures will be used and that calls will be billed consistent with existing Company practices, i.e., calls which are not completed are not billed.
- COCOT service is the only exchange service provided by the Company for use with customer-provided coin operated telephones or coinless public telephones connected and operated by customers other than Interexchange Carriers (IC's). Interexchange Carrier Coinless Public Telephones are subject to the regulations outlined in NJ State Tariffs.
- Connection of more than one COCOT service to a single COCOT service exchange line will be permitted, but is limited to those locations where COCOT services are associated with common equipment dedicated solely to COCOT service and arranged do as to ensure user privacy and provide no inordinate levels of call blocking.

PLEASE COMPLETE THE AUTHORIZED RESALE CARRIER AGREEMENT
INFORMATION FORM AND RETURN IT WITH YOUR ORDER.

AUTHORIZED RESALE CARRIER AGREEMENT INFORMATION FORM
(New Jersey Only)

FCC REGISTRATION NUMBER _____

EQUIPMENT MANUFACTURER'S NAME
AND ADDRESS _____

DISTRIBUTOR'S NAME AND ADDRESS _____

INSTATE REFUND CONTACT NAME
AND ADDRESS _____

COCOT SERVICE NAME & ADDRESS _____

TELEPHONE NUMBER ASSIGNED _____

AUTHORIZED BILL NAME & ADDRESS _____

WILL YOU BE PREVENTING INCOMING
CALLS PLEASE CHECK ONE YES _____ NO _____

ACKNOWLEDGED BY COCOT CUSTOMER/VENDOR

SIGNATURE _____

PRINT NAME _____

TITLE _____

COMPANY NAME _____

DATE _____

CERTIFICATE OF PUBLIC CONVENIENCE
(DELAWARE ONLY)

As stated in the Delaware Public Service Commission Docket 12, Opinion and Order No. 2662, COCOT subscribers must obtain a Certificate of Public Convenience for each COCOT Paystation Line.

To obtain a certificate the Applicant should contact the Delaware Public Service Commission.

1. Upon receipt of Certificate, the Applicant will complete and return it with \$25.00 to:

Delaware Public Service Commission
1560 South DuPont Highway
Dover, DE 19901

2. When the COCOT set is in place, the Applicant must call the Delaware Public Service Commission to arrange for inspection of the COCOT station.
3. If after inspection, the COCOT is not in compliance with the Tariff, a Certificate will not be issued, and dial tone will not be activated by Diamond State Telephone Company.
4. If after inspection, the COCOT is in compliance with the Tariff, a certificate will then be approved by the Delaware Public Service Commission and forwarded to the Independent Payphone Provider Service Center for connection of the Dial Tone Access Line.
5. Upon receipt of the certificate, the Independent Payphone Provider Service Center will complete the service order and arrange a date due.

BELL ATLANTIC
REQUIRED FORMS MATRIX

State or Jurisdiction	BAA	LOA	Service Request Form	Purchase of Enclosure	Surrender Acceptance and Release Agreement	Commission Registration Form	Resale Carrier Agreement	Certificate of Public Convenience
NJ	N	N	N	S	S		S	N
PA	N	N	N	S	S	N,S		
DE	N	N	N	S	S			
WV	N	N	N	S	S	N		
VA	N	N	N	S	S	*		
MD	N	N	N	S	S	N		
DC	N	N	N	S	S	N		

* PPVS in VA must obtain one registration number specific to that vendor which must be renewed on an annual basis.

N - New Service

S - Specific situations, as described in this vendor package